



NOTICE OF APPEAL FROM THE PRIMARY EXAMINER  
TO THE BOARD OF APPEALS

Applicants:

Jeffrey Jacobsen, John C.C. Fan, Stephen Pombo, Matthew Zavracky,  
Rodney Bumgardner and Alan Richard

Application No.: 08/810,646

Group Art Unit: 2778

Filed: March 3, 1997

Examiner: J. Pizial

Title: MICRODISPLAY FOR PORTABLE COMMUNICATION SYSTEMS

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231	
on February 28, 2001	<i>Stacey Gross</i>
Date	Signature
STACEY GROSS	
Typed or printed name of person signing certificate	

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Assistant Commissioner for Patents  
Box AF  
Washington, D.C. 20231

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated August 28, 2000 of the Primary Examiner finally rejecting claims 1-40. The item(s) checked below are appropriate:

1. ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated August 28, 2000 for three-months from November 28, 2000 to February 28, 2001.
2. ☐ A ☐ month extension of time to respond to the Office Action Made Final dated ☐ was filed on ☐ with payment of a \$☐ fee.  
☐ Applicant hereby petitions for an additional ☐ month extension of time to respond to the Office Action Made Final.
3. ☐ An Oral Hearing before the Board of Appeals is respectfully requested.

03/05/2001 TEFFERA 00000148 08810646

01 F :119 310.00 OP

03/05/2001 GTEFFERA 00000149 08810646

01 FC:117 890.00 OP

## 4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for three-months	\$ 890
<input type="checkbox"/>	Additional Extension of Time:	
	Fee for Extension    ([    ] mo.)	\$ _____
	Less fee paid        ([    ] mo.)	- \$ _____
	Balance of fee due	\$ 0
<input type="checkbox"/>	Oral Hearing	\$ _____
<input checked="" type="checkbox"/>	Notice of Appeal	\$ 310
<input type="checkbox"/>	Other _____	\$ _____
	<b>TOTAL</b>	<b>\$ 1200</b>

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## 5. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$1200.00 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[            ].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By   
 Thomas G. Hoover  
 Registration No.: 32,470  
 Tel.: (781) 861-6240  
 Fax: (781) 861-9540

Lexington, Massachusetts 02421-4799  
 Date: February 28, 2001